United States District Court

for the Eastern District of Virginia Richmond Division Richard James Shannon 3:22cv460 Case No. (to be filled in by the Clerk's Office) Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. Jury Trial: (check one) If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) The City of Richmond, Virginia Sheriff's Office Antionette V. Irving, Sheriff, City of Richmond, Virginia Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

with the full list of names.)

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Richard James Shanon Shanon Shanon Street Address 5812 Gloryvine Court, Apt. 206
City and County North Chesterfield, Chesterfield County
State and Zip Code Virginia 23234
Telephone Number (804) 301-6632
E-mail Address rickjshann@aol.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1 Name Job or Title (if known) Street Address City and County State and Zip Code F-mail Address (if known) State Address City and County State and Zip Code Virginia 23223 Telephone Number Gody Gody Gody Gody Gody Gody Gody Gody	Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination	
Street Address 1701 Fairfield Way City and County State and Zip Code Telephone Number (804) 648-4463 E-mail Address (If known) Defendant No. 2 Name Job or Title (If known) State and Zip Code Virginia 23223 Telephone Number (RO4) 648-4463 E-mail Address (If known) Defendant No. 2 Name Antoinette V. Irving Job or Title (If known) Sherff, City of Richmond, Virginia Street Address 1701 Fairfield Way City and County Richmond (same) State and Zip Code Virginia 23223 Telephone Number (RO4) 648-4463 E-mail Address (If known) Defendant No. 3 Name Job or Title (If known) Street Address City and County State and Zip Code Telephone Number E-mail Address (If known) Defendant No. 4 Name Job or Title (If known) Street Address Of the Nown Job or Title (If known) Street Address Street Address Street Address Street Address Street Address (If known) Street Address	Defendant No. 1	
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Defendant No. 4 Name Job or Title (if known) Street Address		
Name Job or Title (if known) Street Address	E-mail Address (if known)	
Name Job or Title (if known) Street Address	Defendant No. 4	
Job or Title (if known) Street Address		
Street Address		
State and Zip Code		
Telephone Number		
E-mail Address (if known)		

Pro Sc	Pro Sc 7 (Rev. 12/16) Complaint for Employment Discrimination				
	C.	C. Place of Employment			
	The address at which I sought emp			ployment or was employed by the defendant(s) is	
			Name	City of Richmond Virginia Sheriff's Office	
			Street Address	1701 Fairfield Way	
			City and County	Richmond (same)	
			State and Zip Code	Virginia 23223	
			Telephone Number	(804) 646-4463	
II.	Basis	s for Juris	diction		
	This	action is b	rought for discrimination	in employment pursuant to (check all that apply):	
			Title VII of the Civil F	Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race,	
color, gender, religion, national origin).		, national origin).			
			(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)		
			Age Discrimination in	Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.	
		•	Employment Act, you i	ng suit in federal district court under the Age Discrimination in must first file a charge with the Equal Employment Opportunity	
Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 121		ilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.			
		· .		g suit in federal district court under the Americans with Disabilities in a Notice of Right to Sue letter from the Equal Employment on.)	
			Other federal law (spec	ify the federal law):	
			Relevant state law (spec	cify, if known):	
Relevant city or county law (specify, if known):					

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiffs rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A.	The discriminatory conduct of which I complain in this action includes (check all that apply):		
Failure to hire me.			
	✓	Termination of my empl	oyment.
		Failure to promote me.	
		Failure to accommodate	my disability.
		Unequal terms and cond	itions of my employment.
	V	Retaliation.	
		Other acts (specify):	
			ds raised in the charge filed with the Equal Employment a can be considered by the federal district court under the rimination statutes.)
B.	It is my best	recollection that the alleged	discriminatory acts occurred on date(s)
	Between Octo	ber 16, 2018 and January 3	1, 2020
C.	I believe that	defendant(s) (check one):	
		is/are still committing th	ese acts against me.
	<u></u>	is/are not still committing	
D.	Defendant(s)	discriminated against me ba	ased on my (check all that apply and explain):
	H	color	
	H	gender/sex	
	片	religion	
		national origin	
	Ħ	age (year of birth)	(only when asserting a claim of age discrimination.)
		disability or perceived d	·
	لينا	Post Traumatic Stress I	
E.	The facts of r	ny case are as follows. Atta	ch additional pages if needed.

	See Attachem	ent #1
	your charge f	ditional support for the facts of your claim, you may attach to this complaint a copy of iled with the Equal Employment Opportunity Commission, or the charge filed with the or city human rights division.)
. Exh	austion of Federal	Administrative Remedies
A.		recollection that I filed a charge with the Equal Employment Opportunity Commission or ployment Opportunity counselor regarding the defendant's alleged discriminatory conduct
В.	The Equal En	nployment Opportunity Commission (check one):
В.	The Equal En	nployment Opportunity Commission (check one): has not issued a Notice of Right to Sue letter.
В.	The Equal En	
B.	The Equal En	has not issued a Notice of Right to Sue letter.
B.		has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) 06/22/2022 (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment
	Only litigants Since filing m	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) 06/22/2022 (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)
	Only litigants Since filing m	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) 06/22/2022 (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.) alleging age discrimination must answer this question.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

The discrimination, retalliation, and termination, has cost me my marriage, my marital residence, my financial stability, my professional reputation, and my LEOS retirement benefits. Additionally, I have been barred from my professional organizations, clubs, and associations due to no longer being a sworn law enforcement officer. The discrimination, retalliation, and termination has aggravated my underlying PTSD and unnecessarily lengthened it's treatment and recovery. Due to all these factors, and the mental pain and suffering they caused, I am seeking the amount of \$200,000. Additionally, I seek relief of re-instatement to my original sworn position, with full back pay, to include raises, payment/credit of all vacation I had, or would have, earned since the termination, all sick time, and VRS service credit, that has been, or would have been, earned and/or accrued had the discrimination not taken place to date.

VI. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing: 27 Tun 27-

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

2 1 4 01° 22°	
Signature of Plaintiff	3
Printed Name of Plaintiff Richard	James Shannon
For Attorneys	
Date of signing:	
Signature of Attorney	
Printed Name of Attorney	
Bar Number	
Name of Law Firm	
Street Address	
State and Zip Code	
Telephone Number	
E-mail Address	